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ABSTRACT

The first article in this paper reviews research on healthy black families and explores definitions of health. The strengths of black families such as kinship/social support, valuing education, achievement and parity in interpersonal relationships, the black church, and egalitarian roles in black families are discussed. Recommendations are made for therapists working with black clients. The second article deals with enhancing black family processes. Socioeconomic status and values are discussed in regard to intervention strategies. Rapport building and establishing trust on the part of the therapist are addressed, with suggestions regarding teams for effective co-therapy. Techniques and strategies for psychological intervention are explored. (LLL)

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PREVENTION/INTERVENTION WITH HEALTHY BLACK FAMILIES

I. Healthy Black Families

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II. Enhancing Black Family Processes

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Prevention/Intervention with Healthy Black Families

I. Healthy Black Families

A psychotherapeutic model for Black Americans should be built upon the strengths of Black families and the resilient personality traits engendered in them by their families. Furthermore, this model could be beneficial to groups other than Blacks. Some strengths of Black families include kinship/social support; valuing of education, achievement and parity in interpersonal relationships; the Black Church; and, egalitarian roles in Black families. The introspective process of analyzing biased racial and sex-role attitudes on the part of the therapist is highly recommended as awareness is the first step in the sequence of change.

II. Enhancing Black Family Processes

Black families are likely to be multiproblem families with many problems that are peripherally psychological but more nearly life threatening. Black families have evolved a unique style and structure to cope with the stress which they encounter in their environment. Due to this unique style and structure, Black families should be approached differently in a therapeutic/preventive stance. Family and/or conjoint therapy emerged on the scene almost congruent with long overdue attempts to systematically plan for psychological intervention with Black families. The first step in family treatment and/or intervention is the development of trust. Techniques and strategies for enhancement are explored.

PREVENTION/INTERVENTION WITH HEALTHY BLACK FAMILIES

I. Healthy Black Families

We maintain that a psychotherapeutic model for Black Americans should be built upon the strengths of Black families and the resilient personality traits engendered in them by their families. Furthermore, this model could be beneficial to groups other than Blacks. Therefore, it is fitting to discuss the processes and characteristics of healthy Black families.

Landmark Research on Healthy Black Families

The Lewis group initiated what appears to be the first published field research on healthy Black families. Conducted at the Timberlawn Psychiatric Research Foundation, this study was published in 1983 as a book by Lewis and Looney entitled The Long Struggle: Well-Functioning Working-Class Black Families. Their sample consisted of 18 families referred by a Black ministerial group in Dallas. All were two-parent families with an income range which would place them in the working class. They found great variability among the families and concluded that Black families were definitely heterogeneous in function and structure.

However, the most competent, that is, those families that raised autonomous children and also provided emotional support for the development of the personalities of the parents--shared power, were able to be close without losing their ego boundaries, solved problems through negotiation, had a strong parental coalition, communicated clearly, responded to each other, expressed feelings openly, were moderately empathic and did not exhibit chronic conflict. They were able to resolve the continuous conflict that every individual faces between the need to build a personal identity and the need to relate intimately with selected significant other human beings.

In Chapter Six of the book, Lewis and Looney (1983) compare the competent, Black working-class families with their more affluent middle-class white counterparts from

their earlier study (Lewis et al., 1976) and conclude that what appears "to work best" for middle-and upper-middle-class white families also appears to "work best" for working-class Black families. The study emphasizes that the interactional processes of the most competent families are very similar across socio-economic levels and racial lines reaffirming what one mother in the sample stated that "We're all just people."

What Is Health?

The definition of competency developed by Lewis and Looney (1983), that is, the competency continuum from chaos to rigidity to flexibility, is used as the measure of healthy functioning. What is a healthy family? How do we define competent functioning?

We maintain that there are different definitions of health and that in 1984, we have just begun to explore the meaning of healthy family functioning. Built upon the basis of definitions of health, the processes leading to such optimal functioning are probably much more diverse than the interactional variables in the Lewis and Looney study which restricted the sample of "healthy" families to those with two parents. Indeed, these processes may differ by type of family structure. For example, a strong parental coalition is given as a characteristic interactional style of healthy families. Yet in our experience, we have known single-parent families that function optimally. Remedying "mother aloneness" does appear to be a more important variable than an intact marriage in producing autonomous children as indicated by a study by Kellam, Ensminger and Turner (1977) in which children of mothers who lived in the same houses with their own mothers did better than children raised in homes where their mothers had remarried. The mother was able to talk to her mother about child-rearing practices; this "talking out" process appears crucial to the implementation of effective parenting skills. A research study was also conducted by Gray and Ruttle (1980) in Nashville of a visiting program they organized in which home visitors talked with mothers in single-parent families; offsetting "mother aloneness" helped children of these mothers to improve. More extensive field-based research is needed on healthy Black single-parent families (Comer, 1983).

It is our contention that much could be learned from studying the coping styles of Black families which have developed through generations of suffering. In a recent article in the Journal of the National Medical Association, Lyles and Carter (1982) adopt the position which we are proposing as well. They point to the adaptive strengths of Black families.

Kinship/ Social Support

At Tennessee State University in Nashville, Husaini (1982) has conducted research over the years on the buffering effects of social support (see special issue of the Journal of Community Psychology which he edited and his article in it). Weber (1977) compared rates of runaways in the State of Tennessee and conducted interviews to study what motivated individuals to run away and what kept them from doing so. He found that the runaway rate among the Black population was significantly lower due to use of the kinship network by Black teenagers when they felt stress. A teenager might spend the week with Aunt Ruth instead of running away. Black teenagers had the added buffer of the strong Black kinship network. Wolf (1983), a young white medical student, describes her account of being taken in as a member of the Black kinship network in the inner city of Philadelphia.

Valuing Education, Achievement and Parity in Interpersonal Relationships

One dissertation which also emphasizes the adaptive strengths of Black families is an intense case study of the dynamics of a Black middle-class family (Alexander, 1981) chaired by Vontress. This type of research which includes observation in the home does point up the strengths of Black families which might not evidence themselves in a more superficial group design.

This study also discusses in depth the values of the family documenting the earlier book by Hill (1972) that Black families are education-oriented. Because of the value placed on education, the educational gap between Blacks and whites narrowed from 1970 to 1983 (Mathey, Jr. and Johnson, 1983). Blacks tend to value education even

though a comparable degree usually does not bring the same employment opportunities or salary benefits as such education might, for members of the majority culture. This has been the path of mobility for Blacks in the United States. Coupled with "valuing education," most Black families value achievement. They prefer to characterize themselves as ambitious as Lewis and Looney's (1983) study points out. Discipline, honesty and hard work are also documented values of the Black middle class. In fact, Willie (1981) makes the point that middle-class adults feel that they must be better in order to compete successfully and, therefore, they emphasize education and achievement--"making it."

Interpersonal relationships--getting along well with others--is another strength which Alexander (1981) emphasizes. People are valued over property, and there is a tolerance of high levels of idiosyncratic behavior. This would substantiate Lewis and Looney's (1983) study in that their sample valued "equality" much more than did their affluent counterparts. As Martin Luther King said, "I have a dream that one day this nation will rise up and live out the true meaning of its creed: 'We hold these truths to be self evident that all men are created equal'" (p. 872). Blacks value equality in relationships--parity among people (Alexander, 1981). Since the principle of parity is the cornerstone of cultivating effective interpersonal relationships and of productive therapeutic endeavors (Lazarus, 1981), Black families do appear to have strengths in these areas.

The Black Church

Another coping mechanism of healthy Black families is the significance of the Black church to the mental health of its members. Emphasizing the fulfillment of the social needs of its flock, the Black church helps with food, the location of jobs, family counseling, the development of organizational skills, political involvement, educational programs and most importantly, psychological programs to increase self esteem and to establish a positive identity (Billingsley, 1974). Black ministers are well paid in

comparison to their parishioners and in comparison to relative financial standing in the community (Sata, Perry, & Cameron, 1970; Lindbergh, Perry, & Cameron, 1970) as contrasted with white ministers of the same denominations. They tend to be politically savy about partisan politics and are at the top of the list of most respected occupations in the Black community. The music and verbal expressions of testimony (Griffith, English and Mayfield, 1980) help Blacks to release tension and find meaning in life. This affects even the time orientation--valuing the present (because through slavery one might not know how long any experience might last), being hopeful that the future will be better (leading to planning) and that the next life or salvation would be even better than anything experienced in this life--a stance which makes stress bearable.

Egalitarian Roles

One of the salient strengths of Black families has been the egalitarian roles of its members (Thomas and Neal, 1978; Alexander, 1981). For example, the roles which most Black women play appear to be more closely linked to an integration of both expressive and instrumental behavior--an androgenous personality. The research of Spence and Helmreich (1972) which has shown that both men and women value more traditionally male behaviors such as assertiveness as more "competent" for both sexes may support the personality styles of Black women and are indicative of personality growth for white women as well. Babladelis, Deaux, Helmreich, and Spence (1983) found that females thought that the ideal of their own sex was more instrumental and less expressive whereas males rated the ideal woman as more expressive and less instrumental. Trends (Wallace, 1980) point toward more labor market participation for women--white, Asian and Hispanic women beginning to do what most Black women have always done, combine career and family (Gutman, 1976).

Mean earnings for Black women who are college educated are higher than for white women with the same education (Wallace, 1980) due to the uninterrupted work histories of Black women. Of the Black professional women in the 1970 census, 46% were employed as teachers; many had returned to school in the summers to obtain graduate degrees. Black

professional women with advanced degrees have competently balanced the work role (with its racial and sexual discrimination) and the home role. With the increased participation of white married women in the labor force, there is much to be learned from the experience of well-educated Black women; a large sample of these women need to be interviewed in depth.

As women change, their interactions with their husbands will change and become more egalitarian (Helmreich, Spence and Gibson, 1982). Black male-female interaction is much more egalitarian than that of white couples (Thomas and Neal, 1978). Black males are more accepting of the Black woman's work role and more willing to share in the responsibilities typically borne exclusively by women such as picking up the children from school.

In doing therapy with Black clients, therapists are encouraged to look inside themselves, to become aware of their sex-role attitudes as well as racial attitudes that can negatively impact on the therapeutic relationship. The introspective process of analyzing biased attitudes on the part of the therapist is highly recommended (Acosta, Yamamoto, & Evans, 1982; Carter, 1979). Awareness is the first step in the sequence of change.

Learning the strengths of Black families through reading and interpersonal interaction, helps the therapist to focus on the strengths of the Black client, tailoring the therapy to the individual's needs and building upon the resources in the Black community. Working with all of our clients is a two-way learning process; however, this may be particularly true of working with Black clients. It is our contention that under the pervasive and dehumanizing abuse of slavery and racism, Blacks have developed ways of dealing with prolonged, chronic stress and life-threatening situations. Many of these coping strategies of healthy Black families could be emulated by the members of the majority culture. As Thomas and Neal (1978) so aptly state, "The best of Black culture lives on in a sharing, caring, being mode, like the roots of a tall strong tree whose dark branches cast a pattern on the deep white snow" (p. 41).

II. Enhancing Black Family Processes

A "summit" meeting was called in Nashville, Tennessee on May 2 and 3, 1984. The leaders of virtually all major Black organizations in the country were a part of a top-level planning conference. The Black Family Summit Conference was a series of meetings organized to investigate breakdowns in Black family structure. Some of the topics covered were "Healthy Black Families," "Single-Parent Families," "Crime, Violence and Black Families," "Male/Female Relationships in Black Families" (The Crisis, 1984). Delta Sigma Theta, the nation's largest Black sorority has identified the crisis of the Black family as the number one priority which they plan to address in the coming year and beyond.

There is less emphasis on the Black family being maligned and/or misrepresented by the majority culture. Also less heralded is the demand for more attention being placed on the strengths of the Black family as a unit. While the attention to the problem of the impact of white racism on Black families remains paramount (and to this writer, properly so), attention is also spotlighting the problems from within, that is, the quality of the relationships between Blacks themselves. The family plays a critically important role in building quality relationships and in overall crisis resolution. Factors such as the ability of

family members to communicate with each other and to forge out unique and mutually supportive roles are of the essence.

Black families are likely to be multiproblem families with many problems that are peripherally psychological but more nearly life-threatening. Furthermore, Staples (1978) in The Black family: Essays and studies states that Black families have evolved a unique style and structure to cope with the stress they encounter in their environment. Due to this unique style and structure, Black families should be approached differently in a therapeutic/preventive stance. Unfortunately, although almost every other work calls for the need for techniques to be tailored to ameliorating the conditions of the Black poor, little spells out what those techniques should be.

Implicit in the earliest calls was the assumption that virtually none of the skills taught in traditional psychotherapy had any usefulness to this type human condition. Later, some have looked at this as "throwing the baby out with the bath water." There are professionals whom I shall refer to as traditionalists, be they case workers, psychologists or psychiatrists, who maintain that once the physical needs are met (and some under this rubric would say physical, political and social needs) then the Black poor entrapped in the ghetto can utilize and benefit from the same gamut of types of psychotherapy as any other group. This position has as its polar opposite, the professionals who feel that such a posture is reactionary, if not counterrevolutionary. The anti-traditionalist view points out that psychotherapy is intrinsically a preserver of the status quo, a guardian and protector of the Protestant ethic and some say institutional racism. Since therapy has as its goal adjustment, the argument goes, the assumption is that society is right and the client is maladjusted, that is, wrong. Furthermore, the degree of progress made in psychotherapy is directly proportional to the degree, the person or family accomodates to the system. Put in comon parlance, an adjusted client is not a "boat rocker."

Furthermore, Black families tend to bring less hope to the situation, (they're realistic). Many write of the "apathy" and indifference" of the Black poor. Those mental health professionals that do not make these distinctions at the very least point to the differences in values of the middle class versus the lower class. These differences in values have been used to account for more phenomena than any one construct should be expected to bear.

I feel that the social learning therapy construct of expectancy needs far more attention in looking at class differences. From all I have gleaned from years of interviewing Black women (many of whom were of low income) the values which they hold and/or aspire to, are strikingly similar to values of all the other women whom I have researched. If the behaviors of socio-economic classes called "haves" and "havenots" for

convenience differ, it is not in terms of values or desired goals. All people want pretty much the sames things out of life. If their behavior is different, and it is, the difference has to be much more thoroughly examined in terms of expectancy as the crucial construct (Rotter, 1966). It is a one-way street whereby the poor develop a set of values to cope with the economic deprivation without abandoning the values of the mainstream.

Professionals and lay persons alike have tended to confuse the values and goals of the lower classes with their expectations of attaining goals. There is a wider discrepancy between socio-economic and ethnic groups in goal-seeking behavior and expectancy than in the value of the goal attainment for the person or the group. Behavior that appears to reflect low reinforcement value for particular goals may not be a function of reinforcement value at all, but a function of expectancy (Leftcourt, 1965; Phares, 1976, Dansby, 1975). Thus intervention strategies should have as primary foci, modifying expectancies and ameliorating feelings of alienation and hopelessness. The latter suggests that the mental health professional will have to "bite the bullet" and become a change agent. Powerlesssness must be to some extent an illusion, and not a complete reality! There has to be a basis for instilling a belief that the oppressive conditions of their lives can be altered.

Intervention should be aimed at stresses derived from societal conditions as well as personal, emotional disturbances. However, the Black poor must fight against psychological as well as social powerlessness.

The first step in family treatment and/or intervention is the development of trust. A Black mental health professional may have an initial slight advantage over the white worker but both have a major task in this regard. Black therapists have an important rapport building tool in their being relatively more accessible as identification objects. Because of "slanting" verticality, the lines between socio-economic classes of Blacks are not as clearly demarcated. Hence, there is a common reservoir of shared cultural

experiences, customs and folklore not seen among whites of different social classes. This is not to say that there is not interclass hostility and distrust among Blacks. However, it is incumbent upon agencies working with Black families to put forth a special effort to identify Black staff members (who do not initially have all the middle-class credentials), train and rapidly promote these otherwise paraprofessionals to positions of authority and status. The community mental health center or agency must not recreate the typical hierarchy in the society, that is, with Black staff preponderantly at the lower levels and white staff as director, consultant, and/other high status decision-making positions.

Helping to solve concrete problems of the families is a significant building block in building trust. Such things as helping the client to gain a more equitable share of physical needs not only helps to put the client in the frame of mind to be ready to come to grips with personal, psychological problems, but also aids in rapport.

Involvement in the solving of problems of day-to-day living is another building block in the tower of trust. Going with a client to court, or to school for a conference with the teachers or other personnel are examples of the kind of involvement that helps to establish trust and rapport. For instance, while calling on a family, you don't just sit patiently and wait to regain the mother's attention while she is trying to cope with six screaming children. You pitch in, direct a child, change a diaper or answer the phone. Since many Black families have a multiplicity of problems, pick out a problem that has a workable solution and set about accomplishing it, for example, an increase in a welfare allowance or a decrease in neighborhood vandalism.

A multiple family approach seems particularly helpful with Black families. With Blacks there is reportedly less hostility and more loosening up in treatment with multiple families.

With a white family therapist and a Black family, a co-therapist is suggested. Warning: A senior white therapist with a junior Black co-therapist (usually because Blacks are beginning their training or there are fewer with the experience to be the senior

therapist) may transmit a white-Black hierarchy that could have a negative impact. For effective co-therapy to occur, co-therapists should be of equal status. Even if the therapy team consists of a faculty member and a student, they should be relatively equal in experience in family therapy.

A male-female co-therapy pair is oftentimes desirable. This is not so much for mother-father transference phenomena. But in light of current controversy over sex roles, male and female therapists may serve as models for the working out and defining of compatible shared responsibilities in the family.

Walk-in clinics are being utilized. Patients whose life style does not revolve around compulsive scheduling of activities might be more attracted to the spontaneity and tolerantly relaxed atmosphere of an appointment-free clinic. Anyone in the neighborhood may walk into the center and get help immediately. No appointments are required and there are no waiting lists. Their first contact is typically with the indigenous non-professional who is a person with whom the client can identify.

Many family therapists are taking a fresh look at working with families in their home setting. Many times it is the only place you can involve the entire network of people who emotionally interact on a close psychological level. Often, these groupings are not solely composed of what commonly constitutes a family but are made up of a "roomer" or a relative or a lady that keeps the children. The professional may bring games or ice breakers for the whole group to play. Videotaping of sessions of families informally interacting can be helpful; however, role playing is often less threatening in a family milieu.

REFERENCES

Acosta, F. X., Yamamoto, J., & Evans, L. A. (1982). Effective psychotherapy for low-income and minority patients. New York, NY: Plenum Press.

Alexander, M. B. (1981). The dynamics of a Black middle-class family. Unpublished doctoral dissertation. Washington, DC: The George Washington University.

Babladelis, G., Deaux, K., Helmreich, R. L., & Spence, J. T. (1983). Sex-related attitudes and personal characteristics in the United States. International Journal of Psychology, 18, 111-123.

Billingsley, A. (1974). Black families and the struggle for survival: Teaching our children to wal tall. New York, NY: Friendship Press.

Comer, J. P. (1983). Single- parent Black families. The Crisis, 90, 42-47.

Dansby, P. G. (1975, Winter). Perceptions of note and status of Black females. Journal of Social and Behavioral Sciences, 31-35.

Gray, S. W., & Ruttle, K. (1980). The Family-Oriented Home Visiting Program: A Longitudinal Study. Genetic Psychology Monographs, 102, 299-316.

Griffith, E. E., English, T., and Mayfield, V. (1980). Possession, prayer and testimony: Therapeutic aspects of the Wednesday night meeting in a Black church. Psychiatry, 43, 120-128.

Gutman, H. G. (1976). The Black family in slavery and freedom: 1750-1925. New York, NY: Pantheon Books.

Hill, R. B. (1972). The strengths of Black families. New York, NY: National Urban League.

Husaini, B. A., & Mathis, A. (1978). Mental health needs and service utilization in a predominantly Black community. Journal of Community Psychology, 6, 303-308.

Kellam, S. G., Ensminger, M. E., & Turner, R. J. (1977). Family structure and the mental health of children. Archives of General Psychiatry, 34, 1012-1022.

King, M. L. (1972). I have a dream. In R. Barksdale & Kinnamon (Eds.), Black writers of America (pp. 871-873). New York, NY: Macmillan.

Lazarus, A. A. (1981). The practice of multi-modal therapy. New York, NY: McGraw Hill Book Company.

Leftcourt, H. M. (1965), Risk-taking in Negro and white adults. Journal of Personality and Social Psychology, 2, 765-770.

Lewis, J. M. Beavers, W. R. Gossett, J. T., & Phillips, V. A. (1976). No single thread: Psychological health in family systems. New York, NY: Brunner/Mazel, Publishers.

Lewis, J.M., & Looney, J. G. (1983). The long struggle: Well-functioning working-class Black families. New York, NY: Brunner/Mazel, Publishers.

Lingbergh, S. S., Perry, D. A., & Cameron, C.E. (1970). Store-front churches in the inner city. Mental Hygiene, 54 (2), 256-260.

Lyles, M. R., & Carter, J. H. (1982). Myths and strengths of the Black family: A historical and sociological contribution to family therapy. Journal of the National Medical Association, 74, 1119-1121.

Mathey, W. C., Jr., & Johnson, D. L. (1983). America's Black population: 1970 to 1982: A statistical view. The Crisis, 90, 10-18.

Phares, E.L. (1976). Locus of control in personality. Morristown, NJ: General Learning Press.

Rotter, J. B. (1966). Generalized expectancies for interal versus external control of reinforcement. Psychological Monographs, 80, (Whole No. 609).

Sata, L. S., Perry, D. A., & Cameron, C. E. (1970, April). Storefront churches in the city. Mental Hygene, 54(2), 256-260.

Spence, J. T., & Helmreich, R. (1972). Who likes competent women? Competence, sex-role, congruence of interests and subjects' attitudes toward women as determinants of interpersonal attraction. Journal of Applied Social Psychology, 2(3), 197-213

Staples, R. (ED.). (1978). The Black Family: Essays and Studies. Bellmont, CA: Wadsworth Publising Co., Inc.

The Crisis, 91(4), 13.

Thomas, M. B. & Neal, P. A. (1978). Collaborating careers: The differential effects of race. Journal of Vocational Behavior, 12, 33-42.

Wallace, P. A. (1980). Black women in the labor force. Cambridge, MA: The MIT Press.

Weber, Jr., M. R. (1977). Attitudes of Black and white children concerning running away from home. Unpublished master's thesis, Tennessee State University, Nashville, TN.

Willie, C. V. (1981). A new look at Black families (2nd ed.). Bayside, NY: General Hall, Inc.

Wolf, A. M. (1983). A personal view of Black inner-city foster families. American Journal of Orthopsychiatry, 53, 144-151.